	Case 0.17-bk-03022-CC3 D0C11 Tiled 00/11/17 Fage 10	1 23	
Fill i	n this information to identify your case:		
Debt	or 1 Earl Eugene Spatcher		
D-1-4	First Name Middle Name Last Name		
Debt (Spous	DF Z se if, filing) First Name Middle Name Last Name		
Unite	d States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA, ORLANDO DIVISION		
	number 6:17-bk-05022		
(if kno	wn)	_	heck if this is an mended filing
		aı	nended ming
∩ffi	cial Form 106Sum		
	nmary of Your Assets and Liabilities and Certain Statistical Information		12/15
Be as	complete and accurate as possible. If two married people are filing together, both are equally responsible for		ing correct
	nation. Fill out all of your schedules first; then complete the information on this form. If you are filing amended original forms, you must fill out a new Summary and check the box at the top of this page.	sched	ules after you file
	<u> </u>		
Part	1: Summarize Your Assets		
			ur assets ue of what you own
1.	Schedule A/B: Property (Official Form 106A/B)		,
	1a. Copy line 55, Total real estate, from Schedule A/B	\$	161,414.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$ _	9,041.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	170,455.00
Part	2: Summarize Your Liabilities		
			ur liabilities ount you owe
	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ _	197,882.57
	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e &chedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j <b>3</b> 5chedule E/F	\$	
	35. Copy the total claims from Fart 2 (nonphority unsecured claims) from line of wichealthe Lift	<u> </u>	15,922.26
	Your total liabilities	\$	213,804.83
Part	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income(Official Form 106I)		
	Copy your combined monthly income from line 12 oSchedule I	\$ _	5,648.86
	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,655.00
Part -	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?		
	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your of	ther sch	edules.
7.	■ Yes What kind of debt do you have?		
	·		family or based shall
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a p purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159.	ersonal	, ramily, or nousehold
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this bo	ox and s	submit this form to the

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

court with your other schedules.

#### Case 6:17-bk-05022-CCJ Doc 11 Filed 08/11/17 Page 2 of 23

Debtor 1 Spatcher, Earl Eugene Case number (if known) 6:17-bk-05022

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_6,017.80

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	1
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

	Case 6:1	L7-DK-0502	2-CC	J Doc 11 Filed 08/11/1	./ Page	e 3 of 23			
Fill in this info	rmation to identify yo	ur case and thi	s filing	:					
Debtor 1	Earl Eugene S	patcher							
Debtor 2	First Name	Middle	Name	Last Name					
(Spouse, if filing)	First Name	Middle	Name	Last Name					
United States E	Bankruptcy Court for the	e: MIDDLE DI	STRIC	OF FLORIDA, ORLANDO DIVISION					
Case number	6:17-bk-05022						☐ Check if this is an		
							amended filing		
_	orm 106A/B								
<u>Schedu</u>	ile A/B: Pro	perty					12/15		
think it fits best. information. If m Answer every qu	Be as complete and acc ore space is needed, atta estion.	urate as possible ach a separate sh	e. If two	only once. If an asset fits in more than one married people are filing together, both are is form. On the top of any additional pages Estate You Own or Have an Interest In	equally respo	nsible for sup	plying correct		
☐ No. Go to F  Yes. When	e is the property?								
1.1			What	is the property? Check all that apply					
7223 WI	nite Trillium Cir			the amount			educt secured claims or exemptions. Put unt of any secured claims on Schedule D:		
Street address	ss, if available, or other descrip	otion		Condeminium or connective		ditors Who Have Claims Secured by Property.			
Orlando	FL 3	32818-1278		Manufactured or mobile home	Current val		Current value of the portion you own?		
City	State	ZIP Code		Investment property	\$16	1,414.00	\$161,414.00		
			□ Who	Timeshare Other has an interest in the property? Check one Debtor 1 only	Describe the nature of your own (such as fee simple, tenancy by to a life estate), if known. Fee Simple				
				Debtor 2 only					
County				Debtor 1 and Debtor 2 only  At least one of the debtors and another		if this is com	munity property		
				r information you wish to add about this ite	em, such as loc	al			
				erty identification number: pety ID# 02-22-28-2431-00-320					
			<u>'</u>	• •					
				our entries from Part 1, including any		ages	\$161,414.00		

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Debto	or 1 <u>S</u>	patcher, Earl Eu	ıgene		Case number (if known)	6:17-bk-05022
3. <b>Ca</b> ı	s, vans,	trucks, tractors, s	port utility veh	nicles, motorcycles		
				•		
<b>•</b> \	'es					
		Dodgo			Do not deduct ser	cured claims or exemptions. Put
3.1	Make:	Dodge	<u> </u>	Who has an interest in the property? Check one	the amount of any	secured claims on Schedule D:
	Model: Year:	Ram Pickup 1	500	■ Debtor 1 only		ave Claims Secured by Property.
		nate mileage:	73000	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Current value of entire property?	
	• • •	ormation:		At least one of the debtors and another		<b>F/</b>
	VIN 1D	7RB1GP2AS162	2797			
				☐ Check if this is community property	\$7,48	1.00 \$7,481.00
				(see instructions)		
		Dadas			Do not deduct see	cured claims or exemptions. Put
3.2	Make:	Dodge	<b></b>	Who has an interest in the property? Check one	the amount of any	secured claims on Schedule D:
	Model:	Ram Pickup 1	500	Debtor 1 only	Creditors Who Ha	ave Claims Secured by Property.
	Year:	1997 nate mileage:	203000	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Current value of entire property?	the Current value of the portion you own?
		ormation:	203000	☐ At least one of the debtors and another	chare property :	portion you own.
		7HF13Y0VJ5459	920	— y it loads one of the deplete and another		
				☐ Check if this is community property	\$47	0.00 \$470.00
				(see instructions)		
					Do not dodust so	cured claims or exemptions. Put
3.3	Make:			Who has an interest in the property? Check one	the amount of any	secured claims on Schedule D:
	Model:			Debtor 1 only	Creditors Who Ha	ave Claims Secured by Property.
	Year:	nate mileage:		Debtor 2 only	Current value of	
		ormation:		☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
		, open-style		At least one of the debtors and another		
		, 0,00 0		☐ Check if this is community property	\$40	0.00 \$400.00
				(see instructions)	·	
Exa ■ 1 □ `	mples: Bo	oats, trailers, motors	e, personal wate	d other recreational vehicles, other vehicles, ercraft, fishing vessels, snowmobiles, motorcycle n for all of your entries from Part 2, including the motor here	accessories any entries for pages	\$8,351.00
Part 3		be Your Personal and				Ownerst walker of the
ро ус	ou own o	r have any legal ol	r equitable into	erest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
Ex	<i>ampl</i> es: l No	goods and furnish Major appliances, fu		china, kitchenware		
	Yes. Des	scribe				
		Use	d househole	d furniture and furnishings		\$250.00
				o, stereo, and digital equipment; computers, printe edia players, games	ers, scanners; music colle	ctions; electronic devices

Official Form 106A/B Schedule A/B: Property page 2

# Case 6:17-bk-05022-CCJ Doc 11 Filed 08/11/17 Page 5 of 23

De	ebtor 1 Spate	cher, Earl Eugene Case	number (if known)	6:17-bk-05022
3.	Collectibles of v	ralue		
	Examples: Antiq	ues and figurines; paintings, prints, or other artwork; books, pictures, or other art object octions, memorabilia, collectibles	s; stamp, coin, or l	paseball card collections; other
	☐ Yes. Describ	e		
9.	Examples: Sporinstr	sports and hobbies ts, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, uments	skis; canoes and	kayaks; carpentry tools; musical
	■ No □ Yes. Describ	e		
10.	Firearms Examples: Pist ■ No	ols, rifles, shotguns, ammunition, and related equipment		
	Yes. Describ	e		
11.	Clothes  Examples: Eve	ryday clothes, furs, leather coats, designer wear, shoes, accessories		
	■ Yes. Describ			
		Used personal clothing		\$50.00
13. 14.	No □ Yes. Describ  Non-farm anim Examples: Dog □ No □ Yes. Describ  Any other pers □ No □ Yes. Give sp  3. Add the dolla Part 3. Write	rals ps, cats, birds, horses e conal and household items you did not already list, including any health aids you ecific information privalue of all of your entries from Part 3, including any entries for pages you have that number here	u did not list	\$300.00
		our Financial Assets ve any legal or equitable interest in any of the following?		Current value of the
D	o you own or na	ve any legal of equitable interest in any of the following?		Current value of the portion you own?  Do not deduct secured claims or exemptions.
	■ No	ney you have in your wallet, in your home, in a safe deposit box, and on hand when you f	ile your petition	
	ins	oney ecking, savings, or other financial accounts; certificates of deposit; shares in credit unior titutions. If you have multiple accounts with the same institution, list each.	ns, brokerage hous	es, and other similar
	□ No ■ Yes	Institution name:		
		17.1. Checking Account CFE Federal Credit Union		\$390.00

Official Form 106A/B Schedule A/B: Property page 3

# Case 6:17-bk-05022-CCJ Doc 11 Filed 08/11/17 Page 6 of 23

Debtor	1 Spatcher,	Earl Eugene			Case number (if known)	6:17-bk-05022
	<i>amples:</i> Bond fund	s, or publicly traded stoods, investment accounts w		s, money market accounts	s	
□ Y	es	Institution or	issuer name:			
joi	nt venture	stock and interests in in	ncorporated and	unincorporated busine	sses, including an interest in	n an LLC, partnership, and
■ N						
ПΥ	es. Give specific	information about them Name of entity:			% of ownership:	
Ne	gotiable instrumen n-negotiable instru	rporate bonds and other ts include personal checks uments are those you cann	s, cashiers' check	s, promissory notes, and	money orders.	
ЦY	es. Give specific ii	nformation about them Issuer name:				
	irement or pension					
Ex	•	n IRA, ERISA, Keogh, 40	11(k), 403(b), thrif	t savings accounts, or oth	her pension or profit-sharing p	lans
	es. List each acco	unt separately.				
	oo. Elot odom dood	Type of account:	Ins	titution name:		
Yo	<i>amples:</i> Agreemer	sed deposits you have mad			from a company elecommunications companies,	or others
	es		Ins	titution name or individua	al:	
23. <b>A</b> nı	nuities (A contract	for a periodic payment of	money to you, eith	ner for life or for a number	r of years)	
■ N	lo 'es	Issuer name and descrip	otion.			
		tion IRA in an account i	in a qualified AR	l F program, or under a	ı qualified state tuition progr	am
	J.S.C. §§ 530(b)(1	), 529A(b), and 529(b)(1).		<b>p</b> . eg. a, e. aae. a	. 4	
-	es	Institution name and desc	cription. Separatel	ly file the records of any in	nterests.11 U.S.C. § 521(c):	
_	•	future interests in prope	erty (other than a	anything listed in line 1)	, and rights or powers exerc	isable for your benefit
■ N		information about them				
	<i>amples:</i> Internet de	trademarks, trade secre omain names, websites, pr	,		nents	
-	-	information about them				
	<i>amples:</i> Building p	s, and other general intal ermits, exclusive licenses,		ociation holdings, liquor lic	enses, professional licenses	
□ Y	es. Give specific	information about them				
Money	or property owe	d to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
	refunds owed to	you				
		oformation about them, inc	و د د د د د د د د د د د د د د د د د د د	alasa da Claduba e e e e e e e	and the toy year-	

Official Form 106A/B Schedule A/B: Property page 4

De	btor 1	Spatcher, Earl Eugene	Case number (if known)	6:17-bk-05022
	Examp	support  oles: Past due or lump sum alimony, spousal support, child support, ma	intenance, divorce settlement, property s	settlement
	■ No □ Yes.	Give specific information		
		amounts someone owes you  oles: Unpaid wages, disability insurance payments, disability benefits, sich unpaid loans you made to someone else	k pay, vacation pay, workers' compensati	on, Social Security benefits;
		Give specific information		
		ts in insurance policies  oles: Health, disability, or life insurance; health savings account (HSA); cr	edit, homeowner's, or renter's insurance	
		Name the insurance company of each policy and list its value.  Company name:	Beneficiary:	Surrender or refund value:
		terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance	policy, or are currently entitled to receive p	property because someone has
	☐ Yes.	Give specific information		
	Examp ■ No —	against third parties, whether or not you have filed a lawsuit or maples: Accidents, employment disputes, insurance claims, or rights to sue Describe each claim		
	■ No	contingent and unliquidated claims of every nature, including coun  Describe each claim	terclaims of the debtor and rights to s	et off claims
35.		nancial assets you did not already list		
		Give specific information		
36		the dollar value of all of your entries from Part 4, including any entr		\$390.00
Pa	rt 5: De	scribe Any Business-Related Property You Own or Have an Interest In. List	any real estate in Part 1.	
_	_ ′	own or have any legal or equitable interest in any business-related property o to Part 6.	?	
	Yes. G	Go to line 38.		
Pa		scribe Any Farm- and Commercial Fishing-Related Property You Own or Harou own or have an interest in farmland, list it in Part 1.	ave an Interest In.	
46.		own or have any legal or equitable interest in any farm- or comme	ercial fishing-related property?	
	_	Go to Part 7.  Go to line 47.		
D~	rt 7.	Describe All Bronotty Voy Own or Hove on Interest in That Voy Did Not I	ict Abovo	
	rt 7:	Describe All Property You Own or Have an Interest in That You Did Not L	ISI ADOVE	
		oles: Season tickets, country club membership		

Official Form 106A/B Schedule A/B: Property page 5

☐ Yes. Give specific information.......

# Case 6:17-bk-05022-CCJ Doc 11 Filed 08/11/17 Page 8 of 23

Debtor 1 Spatcher, Earl Eugene		Case number (if known)	6:17-bk-05022
54. Add the dollar value of all of your entries from Part 7. Write that	t number here		\$0.00
Part 8: List the Totals of Each Part of this Form			
55. Part 1: Total real estate, line 2			\$161,414.00
56. Part 2: Total vehicles, line 5	\$8,351.00		
57. Part 3: Total personal and household items, line 15	\$300.00		
58. Part 4: Total financial assets, line 36	\$390.00		
59. Part 5: Total business-related property, line 45	\$0.00		
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part 7: Total other property not listed, line 54 +	\$0.00		
62. <b>Total personal property.</b> Add lines 56 through 61	\$9,041.00	Copy personal property total	\$9,041.00
63. Total of all property on Schedule A/B. Add line 55 + line 62			\$170,455.00

Official Form 106A/B Schedule A/B: Property page 6

Fill in this infor	mation to identify your	case:		
Debtor 1	Earl Eugene Spa			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA, ORLANDO DIVISION	_
Case number	6:17-bk-05022			
(if known)				☐ Check if this is an
()				

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
7223 White Trillium Cir	\$161,414.00			Fla. Const. Art. X, §4(a)(1) Fla. Stat.§§ 222.01, 222.02
Orlando FL, 32818-1278 Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	110. Otaliga 222.01, 222.01
Dodge Ram Pickup 1500	\$470.00	•	\$470.00	Fla. Stat. § 222.25(1)
1997 203000 Line from <i>Schedule A/B</i> : 3.2			100% of fair market value, up to any applicable statutory limit	
Frailer, open-style Line from Schedule A/B: 3.3	\$400.00		\$400.00	Fla. Const. Art X, § 4(a)(2)
Ellie Holli Scheddle A.E. 3.3			100% of fair market value, up to any applicable statutory limit	
Used household furniture and	\$250.00			11 USC § 522(b)(3)(B)
furnishings Line from <i>Schedule A/B</i> : <b>6.1</b>			100% of fair market value, up to any applicable statutory limit	
Used personal clothing	\$50.00			Fla. Const. Art X, § 4(a)(2)
Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	

## Case 6:17-bk-05022-CCJ Doc 11 Filed 08/11/17 Page 10 of 23

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption			
		Copy the value from Schedule A/B	Check only one box for each exemption.				
	CFE Federal Credit Union Line from Schedule A/B 17.1	\$390.00	\$390.00	Fla. Const. Art X, § 4(a)(2)			
	Line non denedate A/L 11.1		☐ 100% of fair market value, up to any applicable statutory limit				
3.	Are you claiming a homestead exemption of more than \$160,375?  (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)  No						
	Yes. Did you acquire the property covered  No  Yes	I,215 days before you filed this case?					

Fill in this information to identify you	ır case:			
Debtor 1 Earl Eugene Sp First Name	Middle Name Last Name			
Debtor 2				
(Spouse if, filing) First Name	Middle Name Last Name			
United States Bankruptcy Court for the	MIDDLE DISTRICT OF FLORIDA, ORLAND	OO DIVISION		
Case number 6:17-bk-05022				
Case number 6:17-bk-05022			☐ Check	if this is an
				led filing
000				
Official Form 106D				
Schedule D: Creditors	Who Have Claims Secure	d by Propert	У	12/15
	If two married people are filing together, both are ed			
known).	t, number the entries, and attach it to this form. On	the top of any additional	pages, write your name	and case number (if
1. Do any creditors have claims secured by	y your property?			
☐ No. Check this box and submit the	is form to the court with your other schedules. You	u have nothing else to re	port on this form.	
Yes. Fill in all of the information b	elow.			
Part 1: List All Secured Claims				
	more than one secured claim, list the creditor separately	Column A	Column B	Column C
for each claim. If more than one creditor has	a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
much as possible, list the claims in alphabeti	cal order according to the creditor 's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
Chase Home Finance		\$404.040.C <del>7</del>	¢4C4_444_00	£0.00
Creditor's Name	Describe the property that secures the claim:	\$121,810.67	\$161,414.00	\$0.00
Oreditor 3 Name	7223 White Trillium Cir, Orlando, FL 32818-1278			
DO Dow 24000	Propety ID# 02-22-28-2431-00-320			
PO Box 24696 Columbus, OH	As of the date you file, the claim is: Check all that			
43224-0696	apply. □ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or se	ecured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another☐ Check if this claim relates to a	☐ Judgment lien from a lawsuit☐ Other (including a right to offset)			
community debt	Other (including a right to diset)			
Date debt was incurred _03/05/2010	Last 4 digits of account number 1694			
Enclave at Hiawassee	B	¢0 E04 64	\$161,414.00	\$0 E04 64
Creditor's Name	Describe the property that secures the claim:	\$9,501.61	\$101,414.00	\$9,501.61
Associa/Community	7223 White Trillium Cir, Orlando, FL 32818-1278			
Management	Propety ID# 02-22-28-2431-00-320			
Professiona	As of the date you file, the claim is: Check all that			
4700 Millenia Blvd Ste	apply. □ Contingent			
515 Orlando, FL 32839-6102	- Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or secar loan)	ecured		
Debtor 2 only	•			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	☐ Other (including a right to offset)			
Official Form 106D	Schedule D: Creditors Who Have Claims Sec	ured by Property		page_1 of 3

Debtor 1 Earl Eugene Spatcher	(	Case number (if know)	6:17-bk-05022	
First Name Middle N	lame Last Name			
Date debt was incurred	Last 4 digits of account number			
Portfolio Recovery				
2.3 Associates LLC	Describe the property that secures the claim:	\$4,767.73	\$161,414.00	\$4,767.73
Creditor's Name	7223 White Trillium Cir, Orlando, FL	<u> </u>	·	-
	32818-1278			
	Propety ID# 02-22-28-2431-00-320			
	As of the date you file, the claim is: Check all that			
PO Box 41067	apply.			
Norfolk, VA 23541-1067	Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secu	red		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)			
community debt	— Cities (morading a right to onset)			
Date debt was incurred	Last 4 digits of account number 8321			
2.4 Santander Consumer USA	Describe the property that secures the claim:	\$18,882.41	\$7,481.00	\$11,401.41
Creditor's Name	2010 Dodge Ram Pickup 1500 SLT	_	_	
	2dr Regular Cab SB (4.7L 8cyl 5A)			
DO Dov 004045	VIN 1D7RB1GP2AS162797			
PO Box 961245	As of the date you file, the claim is: Check all that			
Fort Worth, TX 76161-0244	apply.			
	Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.			
_	<u> </u>			
Debtor 1 only	An agreement you made (such as mortgage or secu	red		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)			
community debt				
Date debt was incurred 09/07/2012	Last 4 digits of account number 1000			
2.5 US Department of HUD	Describe the property that secures the claim:	\$42,920.15	\$161,414.00	\$3,316.82
Creditor's Name	7223 White Trillium Cir, Orlando, FL	ψ 1 <u>1</u> ,0 <u>1</u> 0110	<del>+101,111100</del>	<del>+0,01010</del>
	32818-1278			
451 7th St SW	Propety ID# 02-22-28-2431-00-320			
Washington, DC	As of the date you file, the claim is: Check all that			
20410-0001	apply. □ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or secu	red		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			

#### Case 6:17-bk-05022-CCJ Doc 11 Filed 08/11/17 Page 13 of 23

Debtor 1	Earl Eugene Spat	tcher		Case number (if know)	6:17-bk-05022
	First Name	Middle Name	Last Name		
	if this claim relates to a unity debt	Other (include	ling a right to offset)	Second Mortgage	
Date debt	was incurred	Last 4 di	igits of account nun	nber <u>0882</u>	
					==
Add the d	ollar value of your entrie	es in Column A on this pa	ige. Write that numb	er here: \$197,882.	57
	ne last page of your form number here:	n, add the dollar value tot	als from all pages.	\$197,882.	57

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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		Case U.17-1	JK-03022-	CCJ	DOC 11 1	IICU	1 00/11/1/	rage 14 of 2.	J
Fill in	this infor	mation to identify your o	case:						
Debto	or 1	Earl Eugene Spat	cher						
		First Name	Middle Na	ame	Last Na	me		<del></del> }	
Debto	or 2 e if, filing)	First Name	Middle Na	ame	Last Na	me			
United	d States Ba	ankruptcy Court for the:	MIDDLE DIS	STRICT C	OF FLORIDA, ORL	AND	O DIVISION		
Case	number	6:17-bk-05022							
(if know	rn)			_					Check if this is an
									amended filing
Offic	ial For	m 106E/F							
		E/F: Creditors W	ho Have	Unse	cured Clain	กร			12/15
		d accurate as possible. Us					art 2 for creditors	with NONPRIORITY cla	
D: Cred the Cor	litors Who I ntinuation F umber (if kn	Have Claims Secured by Pr Page to this page. If you hav	operty. If more : ve no informatio	space is r on to repo	needed, copy the Pa	art yo	u need, fill it out, i	number the entries in th	
1. Do	any credit	ors have priority unsecure	d claims agains	t you?					_
	No. Go to I	Part 2.							
	Yes.								
Part 2		All of Your NONPRIORIT	Y Unsecured (	Claims					
3. Do	any credit	ors have nonpriority unsec	ured claims aga	ainst you?	?				
	No. You ha	ave nothing to report in this pa	art. Submit this fo	orm to the	court with your other	sche	dules.		
	Yes.								
4. Lis	st all of you	ur nonpriority unsecured cla im, list the creditor separately ttor holds a particular claim, li	for each claim.	For each o	claim listed, identify w	vhat ty	pe of claim it is. Do	not list claims already in	cluded in Part 1. If more
									Total claim
4.1	Capita	l One Bank (USA) NA		Last 4 dig	gits of account num	nber	3871		\$959.26
	Nonpriori	ty Creditor's Name		14/1	_	•		_	
	agent	erican InfoSource LP	as	wnen wa	s the debt incurred	7	04/28/15		_
		x 71083							
		tte, NC 28272-1083							
		Street City State Zlp Code urred the debt? Check one.		As of the	date you file, the cl	laim i	s: Check all that ap	pply	
	_			_					
	■ Debto			☐ Contin	_				
	☐ Debto	•		Unliqu					
	_	or 1 and Debtor 2 only		☐ Disput		011200	Loloimu		
		st one of the debtors and and		Studer	NONPRIORITY unse	oure0	ı viaiiii.		
	☐ Checl debt	k if this claim is for a comr	nunity			sena	ration agreement o	r divorce that you did not	
		nim subject to offset?		•	priority claims	Jopai	. a.ion agrooment 0	. s.ro. oo mat you did not	
	■ No			☐ Debts	to pension or profit-s	sharin	g plans, and other	similar debts	
	☐ Yes			Other.	Specify				

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Debtor	Spatcher, Earl Eugene		Case number (if know)	6:17-bk-05022	
4.2	CFE Federal Credit Unio Nonpriority Creditor's Name	Last 4 digits of account number	0012		\$828.00
	Nonpriority Creditor's Name	When was the debt incurred?	11/23/16		
	1000 Primera Blvd Lake Mary, FL 32746-2194  Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i			
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured	d claim:		
	Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sharin	a plane and other similar de	hto	
	■ No □ Yes		g pians, and other similar de		
4.3	Comenity Bank/AMSGNFRN	Last 4 digits of account number	1253		\$3,627.00
	Nonpriority Creditor's Name	When was the debt incurred?	12/09/10		
	PO Box 182789 Columbus, OH 43218-2789 Number Street City State Zlp Code	As of the date you file, the claim i			
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar de	ebts	
	Yes	Other. Specify			
4.4	One Main Financial	Last 4 digits of account number	1729		\$6,085.00
	Nonpriority Creditor's Name	When was the debt incurred?	09/19/2013		
	PO Box 3251 Evansville, IN 47731-3251	_	03/13/2013		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured  ☐ Student loans	d claim:		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce	that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar de	ebts	
	☐ Yes	Other Specify			

Official Form 106 E/F

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Debtor 1	Spatcher	, Earl Eugene		Case r	number (if know)	6:17-bk-05022	
	YNCB/Wa onpriority Cred	I-Mart Dual Card ditor's Name	Last 4 digits of account number	2768			\$4,423.00
<u>C</u>	umber Street (	5024 _ 32896-5024 City State Zlp Code the debt? Check one.	When was the debt incurred?  As of the date you file, the claim	04/24 is: Check			
_	Debtor 1 onl		☐ Contingent				
	_	y d Debtor 2 only of the debtors and another	☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecure	ed claim:			
de Is	ebt the claim su	s claim is for a community	☐ Student loans ☐ Obligations arising out of a sep report as priority claims	· ·		·	
	No Yes		☐ Debts to pension or profit-shari		and other similar de		
is trying have mo	page only if y to collect fro re than one c	rou have others to be notified a m you for a debt you owe to so reditor for any of the debts tha	bt That You Already Listed about your bankruptcy, for a debt that youngeneelse, list the original creditor in at you listed in Parts 1 or 2, list the additional controls of the control of the con	Parts 1	or 2, then list the c	ollection agency here	. Similarly, if you
Name and Portfolio PO Box	Address Control Address Address Address Address Address	in Parts 1 or 2, do not fill out or y Associates LLC	On which entry in Part 1 or Part 2 did you Line <u>4.5</u> of ( <i>Check one</i> ):	☐ Part 1:	Creditors with Priori	ty Unsecured Claims riority Unsecured Claim	ıs
NOTTOIK,	VA 23541	-1067	Last 4 digits of account number	2	768		
PO Box	Recover	y Associates LLC -1067		Part 1: Part 2:	Creditors with Priori Creditors with Nonp	ty Unsecured Claims riority Unsecured Claim	ıs
			Last 4 digits of account number	12	253		
			nsecured Claim nims. This information is for statistical r	reporting	purposes only. 28	U.S.C. §159. Add the	amounts for each
Total clain	6a.	Domestic support obligation	ıs	6a.	Total	Claim <b>0.00</b>	
from Part		•	ts you owe the government I injury while you were intoxicated secured claims. Write that amount here.	6b. 6c. 6d.	\$ \$ \$	0.00 0.00 0.00	
	6e.	Total Priority. Add lines 6a th	rough 6d.	6e.	\$	0.00	
Total clain			separation agreement or divorce that	6f.	\$	0.00	
	6h. 6i.	·	y claims naring plans, and other similar debts y unsecured claims. Write that amount	6g. 6h. 6i.	\$ \$ \$	0.00 0.00 15,922.26	
	6j.	Total Nonpriority. Add lines 6	of through 6i.	6j.	\$	15.922.26	

Fill in this inform	mation to identify your	case:		
Debtor 1	Earl Eugene Spa	tcher		
	First Name	Middle Name	Last Name	<del></del> )
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA, ORLANDO DIVISION	
Case number	6:17-bk-05022			
(if known)		_		☐ Check if this is
				amended filing

### Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with	whom you have the	e contract or lease	State what the contract or lease is for
2.1		Name, Number	, Street, City, State and ZIF	Code	
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.2	Name -				
	Name				
	Number	Street			<del>_</del>
2.3	City		State	ZIP Code	
	Name				<del></del>
	Number	Street			
	City		State	ZIP Code	
2.4	Name				<u> </u>
	Name				
	Number	Street			_
	0''		<u> </u>	710.0	
2.5	City		State	ZIP Code	
-	Name				<del>_</del>
	Number	Street			
	City		State	ZIP Code	<del>_</del>

Official Form 106G

Case 6:17-bk-05022-CCJ Doc 11 Filed 08/11/17 Page 18 of 23

Fill in this	information to identify your	case:			
Debtor 1	Earl Eugene Spa	tcher			
<b>5</b>	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filir	ng) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA, ORLANDO D	IVISION	
Cooo numb	oor - 0:47 bk 05000				
(if known)	per <u>6:17-bk-05022</u>				☐ Check if this is an
					amended filing
Oα: -: - I	I Гаша 400I I				
	Form 106H				
Sched	ule H: Your Cod	ebtors			12/15
■ No □ Yes  2. With Califor	nin the last 8 years, have you nia, Idaho, Louisiana, Nevada	lived in a community pr	operty state or territory	? (Community property	states and territories include Arizona,
	Go to line 3.  Did your spouse, former spou	se, or legal equivalent live v	vith you at the time?		
line 2 : 106D), Colum	again as a codebtor only if th Schedule E/F (Official Form nn 2.	nat person is a guarantor	or cosigner. Make sure	you have listed the ci e Schedule D, Schedu	with you. List the person shown in reditor on Schedule D (Official Form le E/F, or Schedule G to fill out
	Column 1: Your codebtor Name, Number, Street, City, State and 2	ZIP Code		Check all schedule	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D. lin	۵
	Name			Schedule E/F, I	·
				☐ Schedule G, lin	
	Number Street City	State	ZIP Code	_	
3.2				☐ Schedule D, lin	•
	Name			Schedule E/F, I	
				☐ Schedule G, lin	
_	Number Street			_	
	City	State	ZIP Code		

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	in this information to	identify your cas								
	otor 2	Lair Lugerie	<u> Эракспеі</u>			-				
	ouse, if filing)					-				
Uni	ted States Bankrupt	tcy Court for the:	MIDDLE DISTRICT OF DIVISION	F FLORIDA, ORLAN	NDO	_				
Cas	se number 6:1	7-bk-05022					Check if this is:			
(If kn	nown)					- 1	☐ An amende	•		
									ring postpetition of lowing date:	chapter 13
	fficial Form						MM / DD/ Y	YYY		
S	chedule I: `	Your Inco	me							12/15
spoi	use. If you are sepa ch a separate shee	arated and your	re married and not filing spouse is not filing with n the top of any addition	n you, do not inclu	de informa	ation ab	out your spou	se. If m	ore space is ne	eded,
1.	Fill in your emploinformation.	oyment		Debtor 1			Debtor 2	or non	-filing spouse	
	If you have more th		Employment status	■ Employed			■ Empl	oyed		
	attach a separate prinformation about	•	Employment status	☐ Not employed			☐ Not e	mployed	t	
	employers.		Occupation	<b>Grounds Land</b>	scaping		Accour	ntant		
	Include part-time, self-employed work		Employer's name	Orange Count	y Public	Schoo	ls Anixer			
	Occupation may in homemaker, if it a		Employer's address	445 W Amelia Orlando, FL 32		9	7550 B Orland	rokera o, FL 3	ge Dr 2809-5650	
	Circ Dal	1- 11- Ab 18 1	How long employed th	ere? <u>1 year</u>	s and 8 r	month	<u>s</u> <u>1</u>	years	and 10 mont	hs_
	_		e you file this form. If yo	ou have nothing to re	port for any	y line, w	rite \$0 in the spa	ace. Incl	ude your non-filir	g spouse
If yo	,	pouse have more	than one employer, comb	oine the information f	or all emplo	oyers for	that person on	the lines	s below. If you ne	ed more
орис	o, allaon a coparate					Fo	r Debtor 1		Debtor 2 or	
								non-	filing spouse	
2.			<ul> <li>and commissions (before a local loc</li></ul>		2.	\$	3,146.00	\$	4,289.36	
3.	Estimate and list	monthly overting	ne pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gross I	ncome. Add line	e 2 + line 3.		4.	\$	3,146.00	\$_	4,289.36	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Spatcher, Earl Eugene	_	Case	e number (if known)	6:17-bk-05	022	
				Fo	r Debtor 1	For Debtor		
	C	ulling 4 hans	4	Φ.	0.110.00	non-filing		
	Copy	y line 4 here	4.	\$_	3,146.00	\$ <b>4</b>	,289.36	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	530.67	\$	691.79	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	294.31	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	64.46	
	5e.	Insurance	5e.	\$	40.39	\$	239.42	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify: Vision Ins	5h.+	\$	6.85	+ \$	0.00	
		Dental Insurance		\$ _	10.42	\$	59.63	
		Disability Ins		\$	6.91	\$	0.00	
		Life ins		\$ _	3.66	\$	2.21	
		Health Care Fsa		\$ _	0.00	\$	64.13	
		Group Term Life Ins		\$	0.00	\$	1.65	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	598.90	\$ 1	,417.60	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,547.10	\$ 2	,871.76	
8.	List	all other income regularly received:		_				
	8a.	Net income from rental property and from operating a business,						
		profession, or farm						
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$-	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent	t	· -				
		regularly receive						
		Include alimony, spousal support, child support, maintenance, divorce	0.	Φ.		Φ.		
	0-1	settlement, and property settlement.	8c.	\$_	0.00	\$	0.00	
	8d.	Unemployment compensation Social Security	8d.	\$ \$	0.00	\$	0.00	
	8e. 8f.	Other government assistance that you regularly receive	8e.	Φ_	0.00	Φ	0.00	
	OI.	Include cash assistance and the value (if known) of any non-cash assistance						
		that you receive, such as food stamps (benefits under the Supplemental						
		Nutrition Assistance Program) or housing subsidies.		_		_		
	_	Specify:	8f.	\$_	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$_	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	8h.+	\$_	0.00	+ \$	0.00	
0	۸۵۵	all other income. Add lines 90,196,190,196,190,196,190,196	9.	Φ	0.00	\$		1
9.	Auu	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	<u> </u>	0.00	Φ	0.00	_
40	0-1-	whate monthly income. And line 7 , line 0	40 6		2.547.10 + \$	2 254 52	] [_	<b>5</b> 440 00
10.		ulate monthly income. Add line 7 + line 9.	10.   \$		2,547.10 + \$	2,871.76	= \$	5,418.86
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.					J L	
11.		e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your d		to vo	our roommataa on	d		
		de contributions from an unmarned partner, members or your nousehold, your d r friends or relatives.	ieperideri	ıs, yc	our roommates, an	u		
		ot include any amounts already included in lines 2-10 or amounts that are not av	ailable to	pay	expenses listed in	Schedule J.		
	Spec	Daughter contribution				11.	+\$	230.00
12	bbΑ	the amount in the last column of line 10 to the amount in line 11. The res	ult is the	com	bined monthly inc	ome		
		e that amount on the Summary of Schedules and Statistical Summary of Certain					\$	5,648.86
							Combine	ed
							monthly	income
13.	Do y	ou expect an increase or decrease within the year after you file this form	?					
		No.						
	17	Yes Explain:						

Official Form 106I Schedule I: Your Income page 2

Fill	in this information to identify you	ur case:				
Deb	tor 1 Earl Eugene	Spatcher		Che	ck if this is:	
Dob	tor 2	- F			An amended filing	i
	ouse, if filing)				expenses as of the	ring postpetition chapter 13 following date:
Unit	ed States Bankruptcy Court for the:	MIDDLE DISTRICT OF FLORIDA, DIVISION	ORLANDO		MM / DD / YYYY	
I	e number 6:17-bk-05022					
O	ficial Form 106J					
S	chedule J: Your E	xpenses				12/1
info (if k	rmation. If more space is nee mown). Answer every questio					
Par 1.	Is this a joint case?	nold				
	■ No. Go to line 2.  ☐ Yes. <b>Does Debtor 2 live in</b>	a separate household?				
	☐ No ☐ Yes. Debtor 2 must	t file Official Form 106J-2, <i>Expenses t</i>	for Separate Househo	oldof Debto	or 2.	
2.	Do you have dependents?	□No				
	Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 1		Dependent's age	Does dependent live with you?
	Do not state the					□ No
	dependents names.		Mother			■ Yes
						□ No □ Yes
						□ No
						☐ Yes
					_	□ No
•	De como como como de cabo de	_				☐ Yes
3.	Do your expenses include expenses of people other the yourself and your dependen					
Par	t 2: Estimate Your Ongoin	g Monthly Expenses				
exp		ur bankruptcy filing date unless yo ankruptcy is filed. If this is a supple				
val	ue of such assistance and hav	on-cash government assistance if ye included it on Schedule I: Your I			V	
(Of	icial Form 106l.)				Your exp	enses
4.	The rental or home ownersh payments and any rent for the	ip expenses for your residence. Inc ground or lot.	clude first mortgage	4.	\$	0.00
	If not included in line 4:					
	4a. Real estate taxes			4a.	\$	0.00
	4b. Property, homeowner's,	or renter's insurance		4b.	:	0.00
	• •	pair, and upkeep expenses		4c.	\$	180.00
_		on or condominium dues		4d.		80.00
5	Additional mortgage navmer	<b>nts for vour residence</b> , such as hom	ancol vtuna an	5	Ψ.	0.00

ebtor 1 S	patcher, Earl Eugene	Case num	oer (if known)	6:17-bk-05022
Utilities	:			
	lectricity, heat, natural gas	6a.	\$	425.00
6b. W	ater, sewer, garbage collection	6b.	\$	80.00
6c. Te	elephone, cell phone, Internet, satellite, and cable services	6c.	\$	560.00
6d. O	ther. Specify:	6d.	\$	0.00
Food ar	nd housekeeping supplies	<del></del>	\$	450.00
Childca	re and children's education costs	8.	\$	200.00
Clothing	g, laundry, and dry cleaning	9.	\$	250.00
7	al care products and services	10.	\$	100.00
I. Medical	and dental expenses	11.	\$	175.00
2. Transpo	ortation. Include gas, maintenance, bus or train fare.		-	
•	nclude car payments.	12.	\$	230.00
<ol><li>Entertai</li></ol>	nment, clubs, recreation, newspapers, magazines, and books	13.	\$	175.00
4. Charital	ole contributions and religious donations	14.	\$	360.00
5. <b>Insuran</b>			·	
	nclude insurance deducted from your pay or included in lines 4 or 20.	,-	•	
	fe insurance	15a.		210.00
	ealth insurance	15b.	·	0.00
	ehicle insurance	15c.	·	605.00
	ther insurance. Specify:	15d.	\$	0.00
	Do not include taxes deducted from your pay or included in lines 4 or 20.	40	•	
Specify:		16.	\$	0.00
	ent or lease payments: ar payments for Vehicle 1	17a.	¢	500.00
	ar payments for Vehicle 2	17a. 17b.	\$	
	• •		·	0.00
	ther. Specify:	— 17c.	\$	0.00
	ther. Specify:	17d.	\$	0.00
	lyments of alimony, maintenance, and support that you did not report as and from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	ayments you make to support others who do not live with you.		\$	0.00
Specify:		19.	·	0.00
	eal property expenses not included in lines 4 or 5 of this form or on Schedul		r Income.	
	ortgages on other property	20a.		0.00
20b. R	eal estate taxes	20b.	\$	0.00
20c. P	roperty, homeowner's, or renter's insurance	20c.	\$	0.00
20d. M	aintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. H	omeowner's association or condominium dues	20e.	\$	0.00
1. Other: S	Specify: Home alarm system	21.	+\$	75.00
	te your monthly expenses		•	
	d lines 4 through 21.		\$	4,655.00
	py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add	d line 22a and 22b. The result is your monthly expenses.		\$	4,655.00
3. Calculat	te your monthly net income.			
	opy line 12 (your combined monthly income) from Schedule I.	23a.	\$	5,648.86
	opy your monthly expenses from line 22c above.	23b.	·	4,655.00
		_00.		7,000.00
23c. S	ubtract your monthly expenses from your monthly income.			
	ne result is your <i>monthly net income</i> .	23c.	\$	993.86
For exam modificati	expect an increase or decrease in your expenses within the year after you fi ple, do you expect to finish paying for your car loan within the year or do you expect your m on to the terms of your mortgage?			ase or decrease because of
■ No.	[=			
☐ Yes.	Explain here:			

Fill in this informa	ation to identify your	case:			
Debtor 1	Earl Eugene Spatcher				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bank	cruptcy Court for the:	MIDDLE DISTRICT OF F	FLORIDA, ORLANDO I	DIVISION	
Case number 6:	17-bk-05022				☐ Check if this is an amended filing
Official Form	-				
Declarati	on About :	an Individual	Debtor's S	Schedules	12/15
obtaining money o	or property by fraud i U.S.C. §§ 152, 1341, ′	in connection with a bankr			ment, concealing property, or ), or imprisonment for up to 20
Did you pay o	or agree to pay some	eone who is NOT an attorn	ey to help you fill out	bankruptcy forms?	
■ No					
☐ Yes. Na	me of person		Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)		
	of perjury, I declare rue and correct.	that I have read the summ	nary and schedules fil	ed with this declaration	n and
Earl Eug	Eugene Spatcher gene Spatcher of Debtor 1		X Signature	of Debtor 2	
9					

Date August 11, 2017